

Name
in
Full

Mary Elizabeth Boone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Betterton</u>		Town		County <u>Stent</u>		MARYLAND	
Date of death <u>1900 Aug 7</u>		Month		Day		Years	
Sex <u>female</u>		Color or Race <u>white</u>		Age <u>—</u>		Months <u>5</u> Days <u>3</u>	
Occupation <u>none</u>		Birth-place <u>md.</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>John E. Boone</u>		Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Mattie Leigh</u>		Mother's Birthplace <u>md</u>					
Name of person giving Information <u>J. E. Boone</u>		How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary <u>Whooping Cough,</u>	How long <u>One month</u>
<u>Measles</u>	How long <u>1 day,</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes,</u>	Signature of Physician <u>W. S. Maxwell</u>
	Address <u>Still Pond, Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER

Still Pond.

Name
in
Full

John Bramble

CERTIFICATE OF DEATH

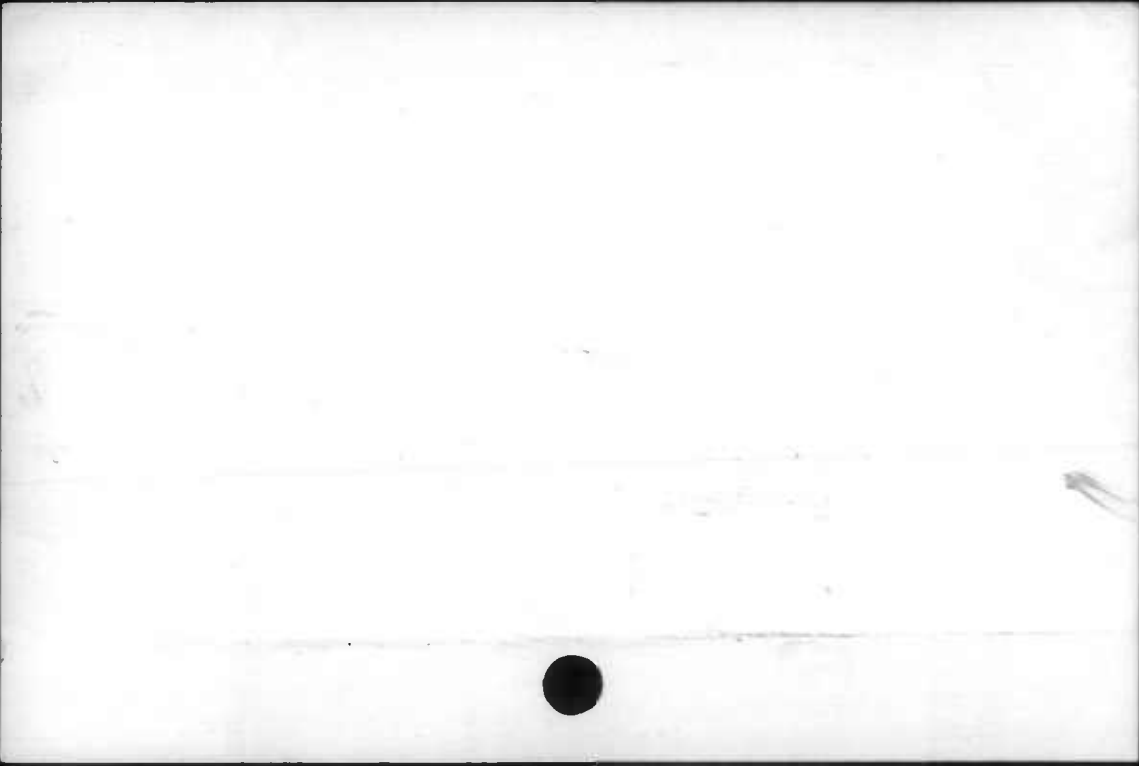
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Galena</u> <small>Town</small>		<u>Sevent</u> <small>County</small>		MARYLAND	
Date of death 19 <u>40</u> <u>Aug</u> - <u>18</u> <small>Month Day</small>		Age <u>77</u> <small>Years</small>		<u>6</u> <small>Months Days</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Delaware</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single <u>Widower</u> <small>or Widowed</small>		Name of Wife or Husband <u>Sarah Jane Bramble</u>			
Father's Name <u>John Bramble</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Fannie Mc Kay</u>		Mother's Birthplace <u>Delaware</u>			
Name of person giving Information <u>James Bramble</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

Primary <u>Cerebral Hemorrhage</u>	How long <u>(6th)</u> <u>16 days</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. R. Jones M.D.</u>
	Address <u>Galena Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Suzie G. Butts</i>		Town <i>Bucktown</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Bucktown</i>		Month <i>Aug</i>		Days <i>23rd</i>		Years <i>16</i>	
Date of death 19 <i>40</i>		Age <i>16</i>		Months <i>5</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Kent-Co</i>			
Occupation <i>house girl</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>W. C. Butts</i>		Father's Birthplace <i>Kent-Co</i>					
Mother's Maiden Name <i>Jessie Scott</i>		Mother's Birthplace <i>Kent-Co</i>					
Name of person giving Information <i>Corri Butts</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dose up Gas</i>		How long <i>6 mo.</i>
Immediate <i>White Convulsion</i>		How long <i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>gas</i>		Signature of Physician <i>Chas. H. Halstead</i>
Address <i>Chester town</i>		
Accident <i>—</i>		<i>Maryland</i>

Name in Full

Charles H. Crew

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{near} Kennedyville ^{Town} Leas ^{County} MARYLAND

Date of death 1900 ^{Month} Aug ^{Day} 10 Age 8 ^{Years} — ^{Months} — ^{Days} —

Sex male Color or Race White Birth-place Kennedyville

Occupation none Where Residing if not at place of death Kennedyville

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles H. Crew Father's Birthplace Md.

Mother's Maiden Name Katie Vanduser Mother's Birthplace Md.

Name of person giving Information Chas. H. Crew How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Enterocolitis How long (104) 5 days

Immediate Exhaustion How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician G. Louis Barwick

Address Kennedyville Md

Accident or Suicide —

Chestnutway

Name
in
Full

Robert Carl Crew

CERTIFICATE OF DEATH

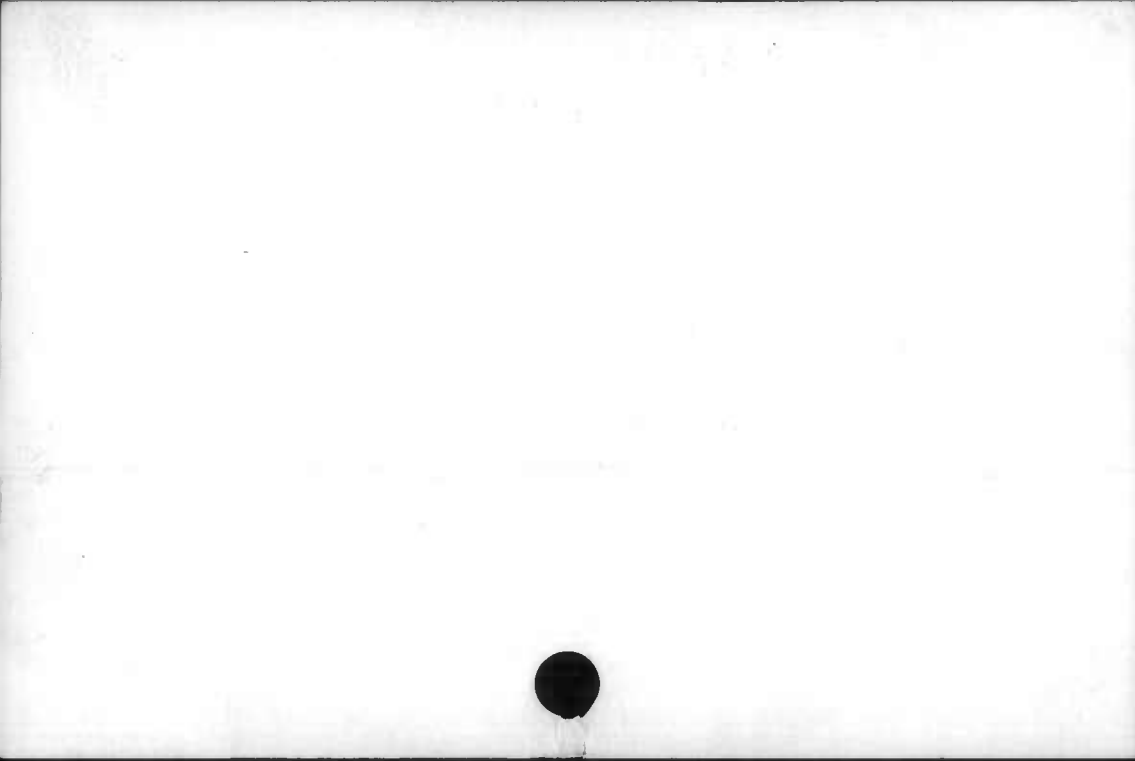
TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall.		Town		County		MARYLAND	
Date of death 1940 Aug 26		Month		Day		Age 17	
Sex male		Color or Race White		Birth-place md		Months	
Occupation		Where Residing if not at place of death		at Place of Death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Robt S. Crew		Father's Birthplace md		Mother's Birthplace md			
Mother's Maiden Name Mattie Moffett		How related to deceased Father					
Name of person giving Information R S Crew							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	unknown
Immediate	Exhaustion	How long	10 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frankel Wilkins D.D.	
		Address Acting Coroner Rock Hall Stent Co	
Accident or Suicide no		md	



Name
In
Full

Sarah Matilda Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *near Kennedyville* ^{County} *Kent* **MARYLAND**
 Date of death *1940 Aug 27* Age *67* Months *-* Days *-*
 Sex *Female* Color or Race *white* Birth-place *Md.*
 Occupation *Housewife* Where Residing if not at place of death *near Kennedyville*
 Married, Single or Widowed *widow* Name of Wife or Husband *Henry Elliott*
 Father's Name *Daniel Faulkner* Father's Birthplace *Md*
 Mother's Maiden Name *Rebecca Hughes* Mother's Birthplace *Md*
 Name of person giving information *Harry Jarvis* How related to deceased *Son-in-law*

CAUSES OF DEATH

(28) ✓

PHYSICIAN
OR CORONER

Primary *Pulmonary Phthisis* How long *2 years*
 Immediate *Exhaustion heart failure* How long *4 months*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *H. J. Brown*
 Address *Kennedyville Md*
 Accident or Suicide? *no*

Galena

Name Full

Sarah Frances Faulkner

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death	19	Month	Aug	Day	28	Age	65
				Years	8	Months	21
Sex	Female		Color or Race	White		Birth-place	2 A. Co. Md.
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband	Mrs. Faulkner			
Father's Name	Jack Boothe					Father's Birthplace	2 A. Co.
Mother's Maiden Name	Sarah Roney					Mother's Birthplace	" "
Name of person giving information	Mrs. Washington Woodall					How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Carcinoma of uterus	How long	1 year	
	Immediate	Exhaustion	How long	several weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		J. G. Simpson		
	Address		Chestertown		
Accident or Suicide?		No			

Charles S. Wood
~~Lehigh University~~

Name
in Full

Baby Gleaves,

CERTIFICATE OF DEATH

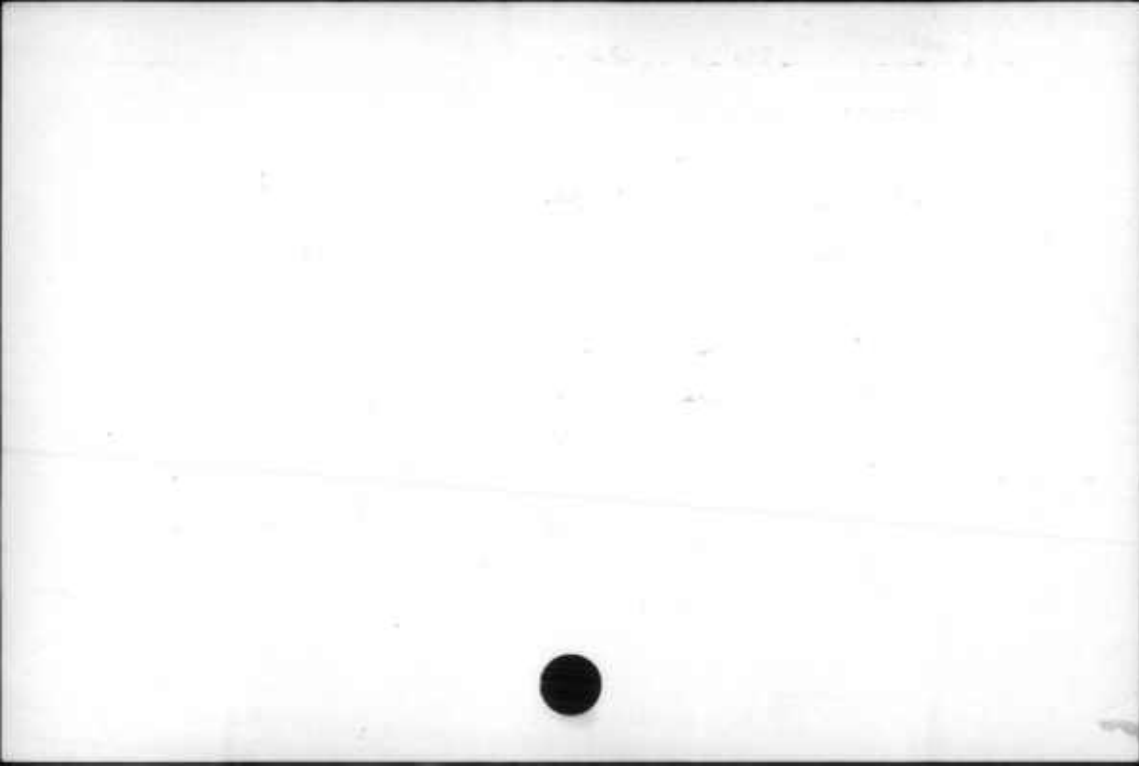
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Galena		County Kent,		MARYLAND	
Date of death		19d	0	Month	Aug	Day	31
Age		Years		Months		Days	
Sex		Color or Race		Birth-place		27	
male		Black		Maryland,			
Occupation		Where Residing if not at place of death					
none							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace		Samuel Gleaves,		Pock Hill Md.	
Mother's Maiden Name		Mother's Birthplace		Mary Reilly		Galena Md.	
Name of person giving information		How related to deceased		Samuel Gleaves		Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Acute Inanition		177 B 27 days.	
Immediate		How long	
Exhaustion		4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes,		Geo. R. Jones	
		Address	
		Galena Md.	
Accident or Suicide			



Name in Full

Frank Griswold

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Betterton Town Stent County MARYLAND

Date of death 1960 Month Aug Day 14 Age 20 Years Months — Days —

Sex male Color or Race White Birth-place Chester Pa

Occupation Unknown Where Residing if not et place of death Chester Pa

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Martin Griswold Father's Birthplace U.S.

Mother's Maiden Name Mary Baker Mother's Birthplace U.S.

Name of person giving Information Unknown How related to deceased Friend

CAUSES OF DEATH

Primary Lightening How long (186) ✓

Immediate Lightening How long

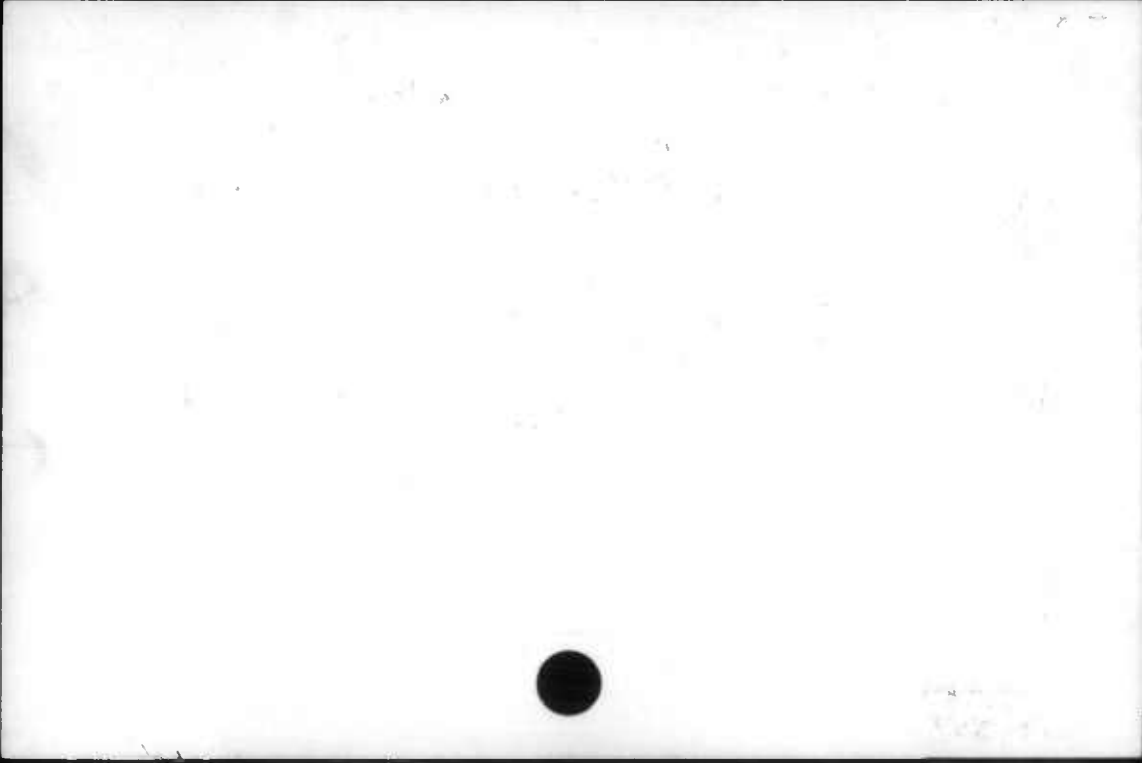
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician L. P. Atwell M.D.

Address Still Pond Md.

Accident or Suicide

PHYSICIAN OR CORONER



Name
in
Full

Mary J. Guest

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chester town* County *1 Ann.*

Date of death 1960 *Aug* 14 Age *62* Months *1* Days *6*

Sex *Female* Color or Race *White* Birth-place *Cecil Co Md.*

Occupation *House Wifes* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph B. Guest*

Father's Name *Stephen B. Lofland* Father's Birthplace *Delaware*

Mother's Maiden Name *Mary J. Warner* Mother's Birthplace *Delaware*

Name of person giving information *Borch. Postrow* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Dysentery* How long *6 Weeks*

Immediate *Shunt* How long *4 Weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. W. Walcott M.D.*
Address *Chester town Md.*
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide

name to J. K. Brown

subject

Church Hill Cauty

Name
in
Full

Emory Estroon Stadaury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cliffs</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>Aug</i>	Day <i>16</i>	Age	Years	Months <i>3</i> Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>ind</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>J Franklin Stadaury</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Fannie R Crouch</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>Mother</i>		How related to deceased <i>(104) ✓</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>some birth</i>
Immediate <i>Dysentery, exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J R Simpson</i>
	Address <i>Chester town</i>
Accident or Suicide? <i>no</i>	

Charles H. Wood

Yonkers.

Windsor, N.Y.

Name
in
Full

Milven Hogans

CERTIFICATE OF DEATH

Died at Rock Hall Town Kent County **MARYLAND**

Date of death 1940 Month Aug Day 14 Age — Years 4 Months — Days

Sex Male Color or Race White Birth-place Kent Co Md

Occupation None Where Residing if not at place of death at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Herbert E Hogans Father's Birthplace Kent Co Md

Mother's Maiden Name Sarah Stevens Mother's Birthplace Kent Co Md

Name of person giving information Herbert E Hogans How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Suppurative Catarrh How long 2 weeks

Immediate Empyema How long One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Kelly Mc
Address Rock Hall

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In
Full

Florence Jarrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

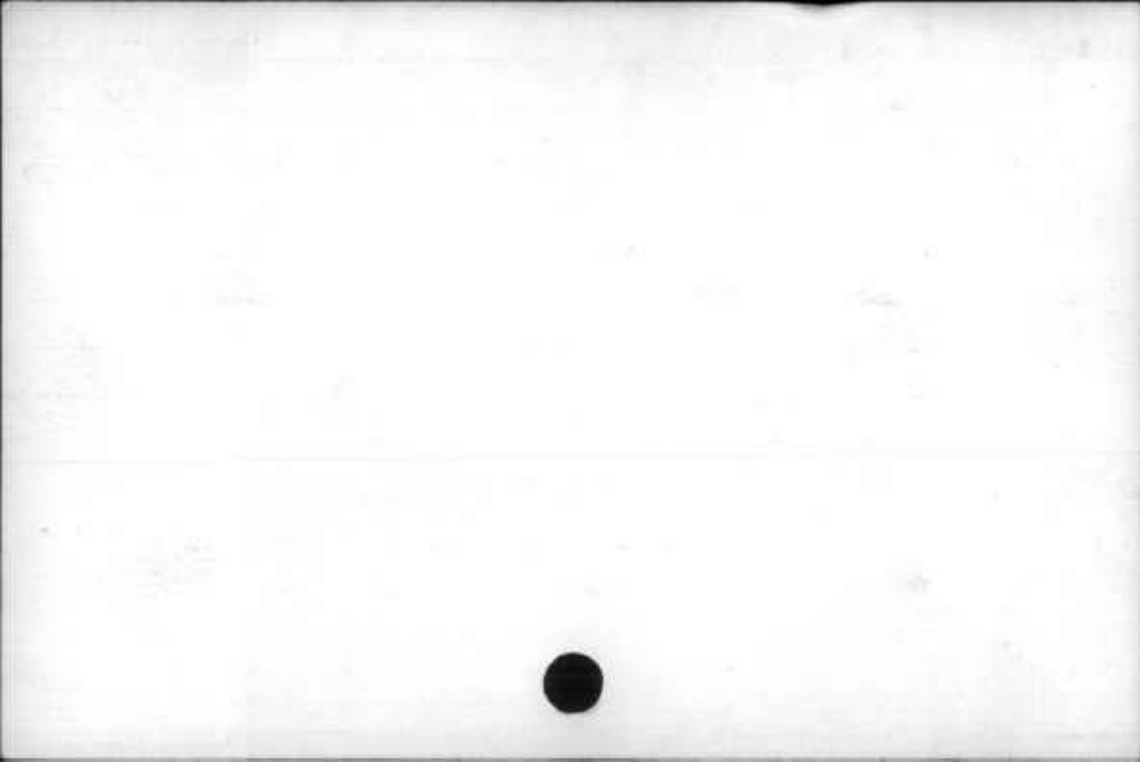
Died at		Town		County		MARYLAND	
		Chestertown		Kent			
Date of death	Month	Day	Age	Years	Months	Days	
1960	Aug	25	32		10	10	
Sex	Color or Race	Birthplace					
Female	White	Kent Co Md					
Occupation	Where Residing if not at place of death						
Housewife	Chestertown						
Married, Single or Widowed	Name of Wife or Husband						
Married	W. Grant Jarrell						
Father's Name	Father's Birthplace						
Wm. Gale	Kent Co						
Mother's Maiden Name	Mother's Birthplace						
Mary Jane Deputy	New Castle Del						
Name of person giving information	How related to deceased						
W. Grant Jarrell	Husband						

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	7 or 8 years
Immediate	Hemorrhage	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Berger Simmons
		Address	Chestertown Md
Accident or Suicide	No		



Name
in Full

Earnest Renale Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chester town ^{Town} Kent. ^{County} MARYLAND

Date of death 1940 ^{Year} Aug ^{Month} 30 ^{Day} Age 20 ^{Years} 10 ^{Months} 30 ^{Days}

Sex male Color or Race white Birth-place Cambridge

Occupation Laborer. Where Residing if not at place of death _____

~~Married, Single or Widowed~~ single Name of Wife or Husband _____

Father's Name Geo. W. Johnson Father's Birthplace Caroline

Mother's Maiden Name Lidia Collins Mother's Birthplace Virginia

Name of person giving Information Cornelley Beachamp How related to deceased none

CAUSES OF DEATH

Primary Pneumonia 92 How long 3 Weeks

Immediate Exhaustion How long 1 Week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas W Whalands MD

Address Chester town Md

Accident or Suicide _____

PHYSICIAN
OR CORONER

Charles - Combs

Charles

Name
in
Full

Josephine Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Morgans		County Kent		MARYLAND	
Date of death 1910		Month Aug	Day 7	Age Years	32	Months	Days
Sex Female		Color of Race Col		Birth- place Md			
Occupation Housewife				Where residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Chas Johnson		Father's Birthplace Md		Mother's Birthplace Md	
Father's Name Pjimus Gleaves		Mother's Maiden Name Charlotte Comyers		Name of person giving in formation Husband		How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis		How long	6 months	
	Immediate	Exhaustion		How long	Several weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. S. Sumpster	
				Address	Chester Co. Md	
	Accident or Suicide?	No				

Morgan

Articles

Name in Full

Emma Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *Wm Pomona* ^{County} *Henk* MARYLAND

Date of death *1910 Aug 22* Age *26* Months *-* Days *21*

Sex *Female* Color or Race *col* Birth-place *ind*

Occupation *Cook* Where Residing If not at place of death *Mrs. Jones*

Married, Single or Widowed *married* Name of Wife or Husband *Mrs. Jones*

Father's Name *Chas Cooper* Father's Birthplace *ind*

Mother's Maiden Name *Lizzie Gardner* Mother's Birthplace *ind*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

70 *days*

PHYSICIAN OR CORONER

Primary *Eclampsia* How long *70 days*

Immediate *Exp. heart* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. Simpson*

Address *Chestertown*

Accident or Suicide? *No*

66 Franklin Street
Quincy

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Thomas Kendall</i>		Town <i>Farmie</i>		County <i>WV</i>		State <i>MARYLAND</i>	
Died at <i>Farmie</i>		Date of death <i>1940 Aug 30</i>		Age <i>34</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co. Md</i>			
Occupation <i>School teacher</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Azarish Kendall</i>		Father's Birthplace <i>Kent Co. Md</i>		Mother's Maiden Name <i>Alynes Bordley</i>			
Mother's Maiden Name <i>Alynes Bordley</i>		Name of person giving information <i>—</i>		How related to deceased <i>28</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>General Tuberculosis</i>	How long <i>3 years</i>
	Immediate <i>Exhaustion</i>	How long <i>6 mos</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Smith</i>
	Address <i>Chesterton Md</i>	
Accident or Suicide <i>no</i>		

St. Lawrence
University
New York



Name
in
Full

Rose Isabel Kendall

CERTIFICATE OF DEATH

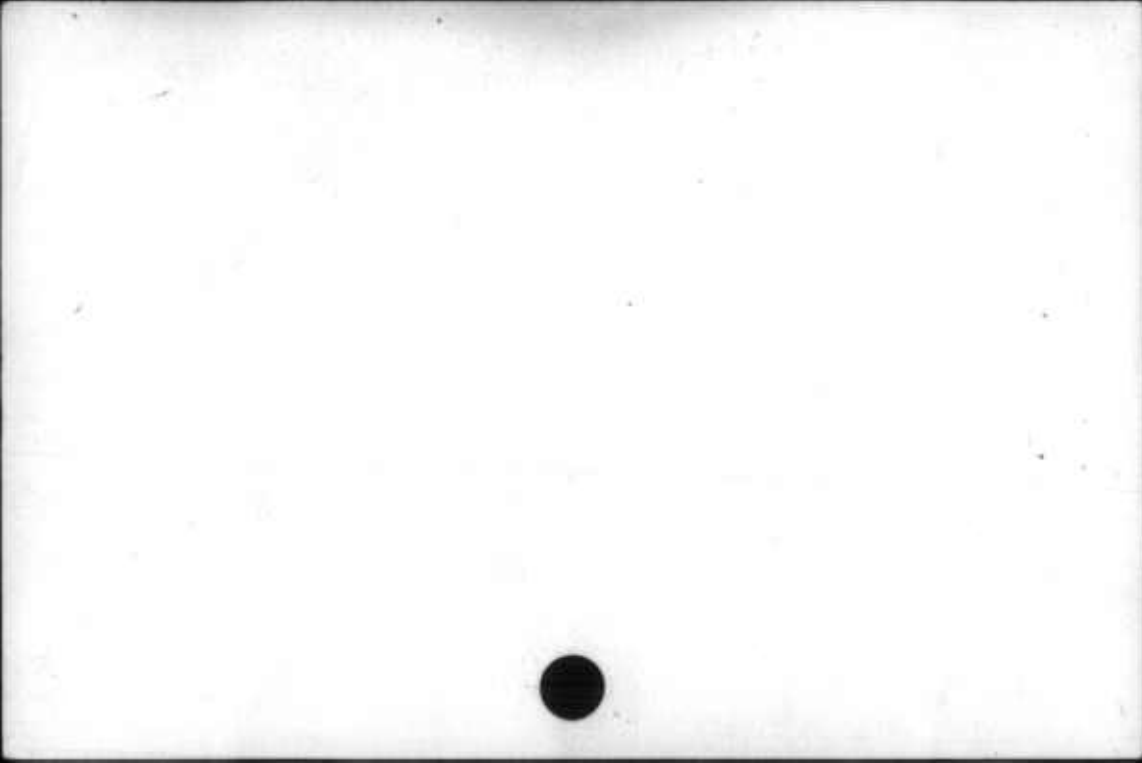
Died at ^{Town} Rock Hall ^{County} Kent - MARYLANDDate of death 19 ^{Month} 10 ^{Day} Aug ^{Year} 19 ^{Age} ^{Months} 3 ^{Days} 10Sex Female Color or Race White Birth-place Kent - Co. Md.Occupation None Where Residing if not at place of death at place of deathMarried, Single or Widowed Single Name of Wife or Husband NoneFather's Name Charles Kendall Father's Birthplace Kent - Co. Md.Mother's Maiden Name Florence Ladd Mother's Birthplace MarylandName of person giving Information Florence Ladd How related to deceased Mother

CAUSES OF DEATH

Primary Summer Cataract How long 10 daysImmediate Exhaustion How long OverlyAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. Kelly M.D.Address Rock Hall

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gott</u> Town		<u>Moffett</u> County		MARYLAND	
Date of death 19 <u>10</u>	Month <u>8th</u>	Day <u>5-1/2</u>	Age <u>21</u>	Months <u>6</u>	Days <u>24</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>		Where residing if not at place of death	
Married Single <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Benjamin F. Moffett</u>	Father's Birthplace <u>Ind</u>			Mother's Birthplace <u>Ind</u>	
Mother's Maiden Name <u>Georgie Neal</u>	Name of person giving Information <u>Benjamin F. Moffett</u>			How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>25 days</u>
Immediate <u>Intestinal Hemorrhage</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Wm. Latimer,</u>
	Address <u>Galena, Md.</u>
Accident or Suicide	

PHYSICIAN
OR CORONER

Galena

Name
In Full

CERTIFICATE OF DEATH

Eliza Murray

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesutown</u> <small>Town</small>		<u>Hunt</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	<u>Aug.</u> <small>Month</small>	<u>24</u> <small>Day</small>	<u>93</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Negro.</u>	Birth-place <u>Hunt Coy. Md.</u>			
Occupation <u>Household</u>	Where residing if not at place of death <u>—</u>				
Married <u>Widow</u>	Name of Wife or Husband <u>Andrew Murray.</u>				
Father's Name <u>John Hall</u>	Father's Birthplace <u>Hunt Co., Md.</u>				
Mother's Maiden Name <u>Maria</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Lydia Chambers</u>	How related to deceased <u>Daughter-</u>				

CAUSES OF DEATH

81 ✓

PHYSICIAN
OR CORONER

Primary <u>Arterio-sclerosis</u>	How long <u>12 years -</u>
Cerebral Haemorrhage <u>Cardiac</u>	How long <u>5 days -</u>
Immediate <u>and Respiratory Paralysis -</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harry L. Dodd</u>
	Address <u>Chesutown, Md.</u>
Accident or Suicide? <u>—</u>	

Charles Todd

Chesterton

Name
In
Full

Annie Oakley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Kennedysville</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
19 <i>01</i>	<i>July</i>	<i>6</i>	Age <i>43</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent's Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>near, Kennedysville Md</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Louis Oakley</i>				
Father's Name <i>David Wileys</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Elley Thomas</i>	Name of person giving information <i>Louis Oakley</i>		How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>	
	Immediate <i>Heart Failure</i>	How long <i>24 hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Jovic Baruch</i>	
		Address <i>Kennedysville, Md</i>	
Accident or Suicide? <input type="checkbox"/>			

Edwards
Mountain

Name
in
Full

Rachel Racie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Firth ^{town} Kent County MARYLAND

Date of death 1990 Aug 28 Age 70 Months _____ Days _____

Sex Female Color or Race African Birth-place MD

Occupation none Where Residing if not at place of death _____

Married, Single or Widowed M Name of Wife or Husband Moss Racie

Father's Name Moss Wright Father's Birthplace unknown

Mother's Maiden Name Betty — unknown Mother's Birthplace unknown

Name of person giving Information Fred Spence How related to deceased no.

CAUSES OF DEATH

Primary Mixed Phlebotomy How long 83 7 years

Immediate Asbest How long 7 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. N. Smith

Address Chestertown MD

Accident or Suicide No.

PHYSICIAN
OR CORNER

W. T. Hikes
Fairlee

Name in Full

John William Satterfield

CERTIFICATE OF DEATH

MARYLAND

Died at Rock Hall

Kent County

Date of death 1960 Aug 9

Age 74

Months 9 Days 25

Sex Male

Color or Race White

Birth-place Kent Co Md

Occupation Waterman

Where Residing if not at place of death at Place of Death

Married Single or Widowed Single

Name of Wife or Husband none

Father's Name Nathan C. Satterfield

Father's Birthplace Caroline Co Md

Mother's Maiden Name Araminta Beck

Mother's Birthplace Kent Co Md

Name of person giving Information Nathan R Satterfield

How related to decedent Brother

CAUSES OF DEATH

Primary Bright's Disease

How long 120^v weeks

Immediate Exhaustion

How long two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Sully M.D.
Address Richwood Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name

Mary A Schanber

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Mrs Chestertown Town County Kent MARYLAND

Date of death 1910 Aug 12 Age 1 Years 9 Months 23 Days

Sex Female Color or Race White Birth-place Ind

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name John Schanber Father's Birthplace Ind

Mother's Maiden Name Mary A Mc Grover Mother's Birthplace Va

Name of person giving information Mother How related to decedent

CAUSES OF DEATH

1044

PHYSICIAN OR CORONER

Primary Cholera Infantum How long 12 hrs

Immediate Anemia How long 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address Chestertown

Accident or Suicide? No

Wm
L. F. Sanderson
June 18

Name
in
Full

Anthony Smallwood

CERTIFICATE OF DEATH

Died at ^{Town} New Rock Hall ^{County} Kent MARYLANDDate of death 19^{Month} 80 Aug ^{Day} 16 Age ^{Years} 70 ^{Months} ^{Days} —

Sex Male Color or Race Black Birth-place Maryland

Occupation Laborer Where Residing if not at place of death at place of death

Married, Single or Widowed Widower Name of Wife or Husband James Smallwood

Father's Name Samuel Smallwood Father's Birthplace Maryland

Mother's Maiden Name Not Known Mother's Birthplace No-Known

Name of person giving Information Julia Ringgda How related to deceased None

CAUSES OF DEATH

Primary Pneumonia How long 12 days

Immediate Ephemeral How long one day

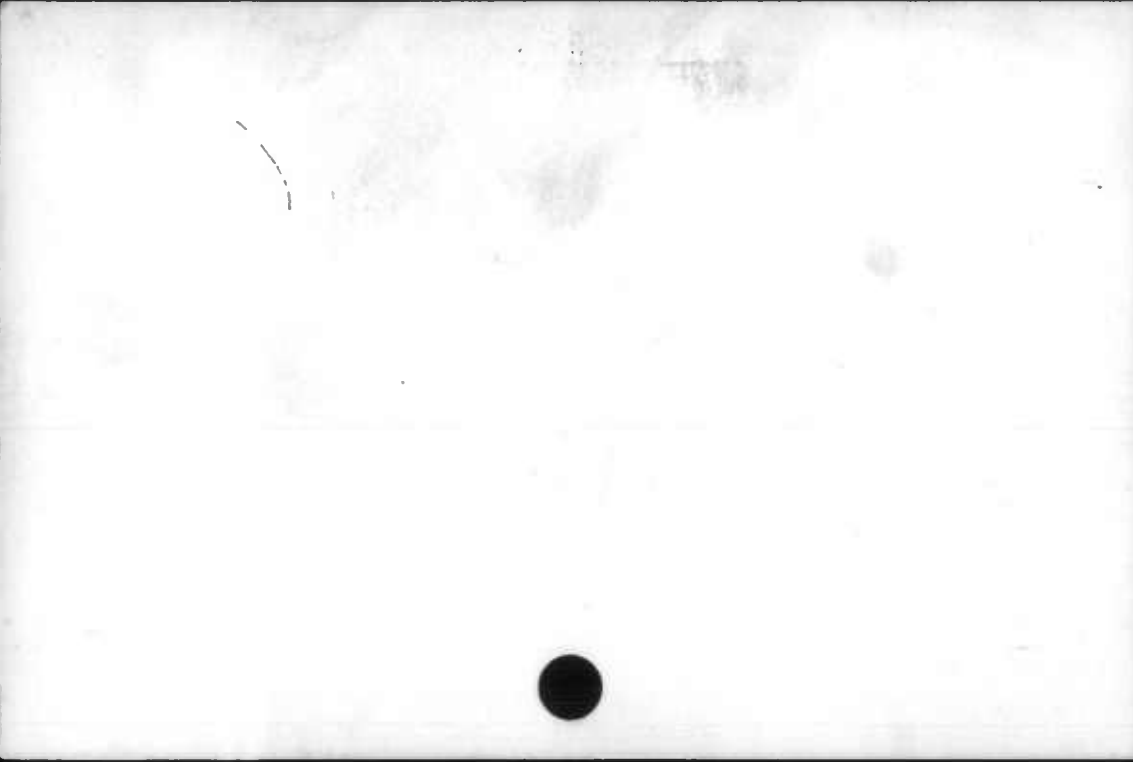
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Henry Leslie Smith

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} near Farm ^{County} Kent

Date of death 1940 Month Aug Day 17 Age Years Months 4 Days 21

Sex Male Color or Race White Birth-place MD

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John A. Smith Father's Birthplace I. A. Co MD

Mother's Maiden Name Mary A. Sanford Mother's Birthplace Acco Co Va

Name of person giving information John A. Smith How related to deceased Father

CAUSES OF DEATH

Primary Cholera Infantum How long 10 H, 4 weeks

Immediate Coma How long 3 hours

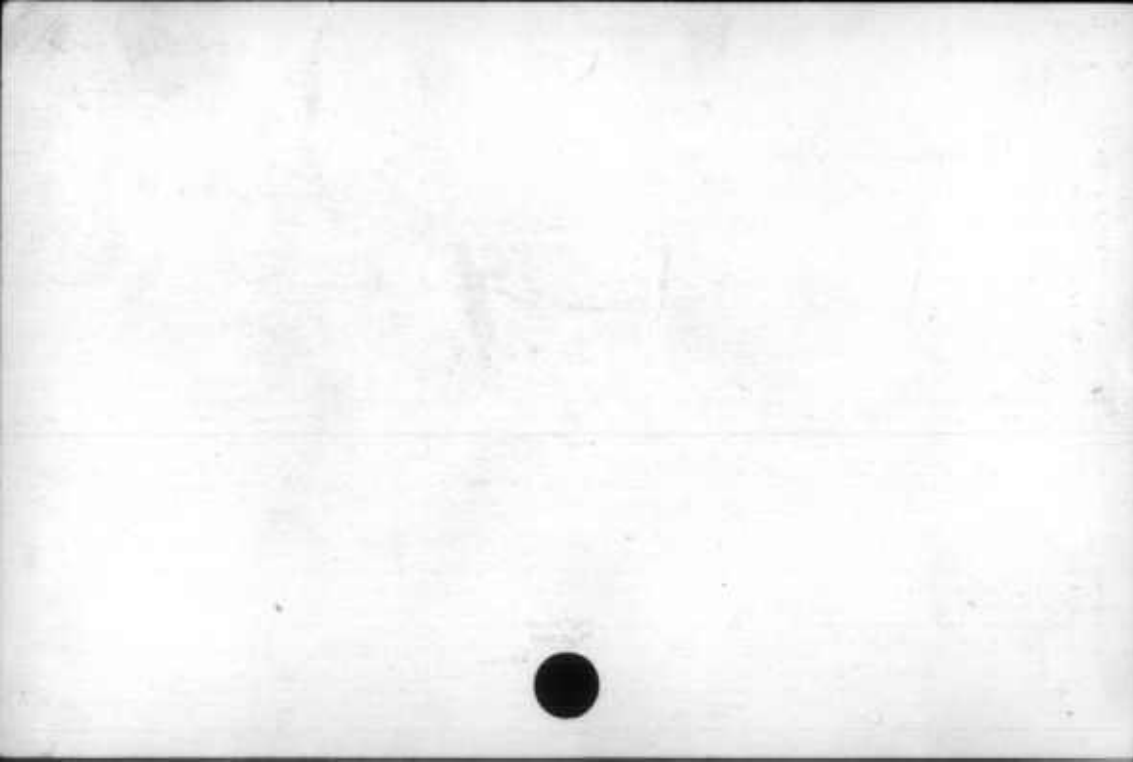
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician L. W. Smith

Address

Accident or Suicide no

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Douglas Carol Stevens

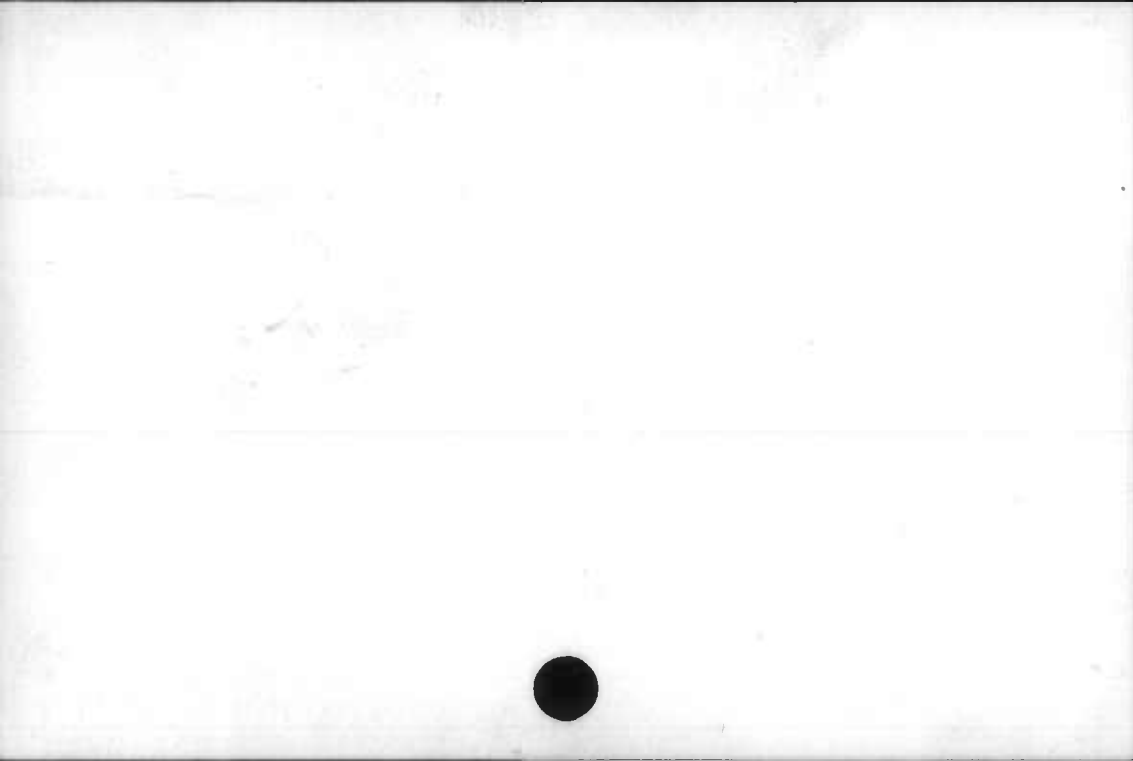
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rock Hall		County Kent		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		aug	29	—	—	8	9
Sex		Color or Race		Birth place			
male		white		Kent Co. Md.			
Occupation		Where residing if not at place of death					
None		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Andrew J. Stevens		Kent Co. Md.					
Mother's Maiden Name		Mother's Birthplace					
Katie R. Akers		Kent Co. Md.					
Name of person giving Information		How related to deceased					
Andrew J. Stevens		Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Convulsions	How long	2 days
	Immediate	Exhaustion	How long	One day
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. D. Kelly M.D.
			Address	Rock Hall Md.
	Accident or Suicide			



Name
in
Full

Sarah Walley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		Town		<i>Stent</i>		County		MARYLAND	
Date of death <i>1940 Aug 10</i>		Month		Day		Age		Years	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Months		Days <i>21</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Name of Wife or Husband <i>—</i>		Merried, Single or Widowed <i>Single</i>		Father's Name <i>George Wilson</i>	
Mother's Maiden Name <i>Elie Walley</i>		How related to deceased <i>none</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		Name of person giving Information <i>Walter Wilmer</i>	

CAUSES OF DEATH

Primary	<i>Myocardium.</i>	How long	<i>189 A</i>
Immediste	<i>heart failure.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. S. Maxwell,</i>
Accident or Suicide		Address	<i>Still Pond, Md.</i>

PHYSICIAN
OR CORONER

Still Paid week.

Name in Full

Raymond States

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Chestertown</u> ^{1st} <u>Kent</u> County		MARYLAND	
Date of death <u>1960 Aug 3</u>	Age <u>—</u>	Months <u>3</u>	Days <u>10</u>
Sex <u>male</u>	Color or Race <u>Color</u>	Birth-place <u>Chestertown</u>	
Occupation <u>infant</u>	Where Residing if not at place of death <u>Home</u>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Wm Jackson</u>	Father's Birthplace <u>Chestertown</u>		
Mother's Maiden Name <u>Anne States</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>Anne States</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Cholera infantum</u>	How long <u>one week</u>
Immediate <u>"</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H B Simmons</u>
	Address <u>Chestertown</u>
Accident or Suicide <u>no</u>	

Box 100
Chesham

Name
in
Full

Nelson Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Coleman Town Hert County MARYLAND

Date of death 1960 Month Aug Day 23 Age — Years 11 Months 10 Days

Sex Male Color or Race Black Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Wilmer Father's Birthplace Md

Mother's Maiden Name Emma Coleman Mother's Birthplace Md

Name of person giving Information John Wilmer How related to deceased father

CAUSES OF DEATH

Primary Cholera Infantum How long 104 ✓ unknown

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Colman

Name
in Full

Still Born Infant

Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Lynch, ~~Pa~~* ^{Town} *Stent* ^{County} **MARYLAND**Date of death: 19*10* ^{Month} *Aug* ^{Day} *8* Age *-* ^{Years} *-* ^{Months} *-* ^{Days} *-*Sex *girl* Color or Race *White* Birth-place *Md*Occupation *-* Where Residing if not at place of death *-*Married, Single or Widowed *-* Name of Wife or Husband *-*Father's Name *Wilson.* Father's Birthplace *Md.*Mother's Maiden Name *Sydia Dorsey* Mother's Birthplace *Md*Name of person giving Information *Elenora Johnston* How related to deceased *Gracmother*

CAUSES OF DEATH

Primary *Still Born* How long *S* ✓

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. W. Urie*Address *Kennedyville Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Fountain's Lk.

Name
in
Full

Martha Ella Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} New Town ^{County} Washington ^{State} MD MARYLAND

Date of death 1940 ^{Month} Aug ^{Day} 27 ^{Age} 59 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} African ^{Birthplace} Ind.

Occupation none ^{Where Residing if not at place of death}

Married, Single or Widowed M. ^{Name of Wife or Husband} George Wright

Father's Name Edward Riley ^{Father's Birthplace} unknown

Mother's Maiden Name ^{Mother's Birthplace} unknown

Name of person giving Information Geo. Wright ^{How related to deceased} Husband

CAUSES OF DEATH

Primary Phlebitis ^{How long} 2 year

Immediate Septicemia ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} J. N. Smith

^{Address} Chestertown Md

Accident or Suicide

PHYSICIAN
OR CORONER

Charles Dood.

Norton Point
